

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1771 **Customer No.: 035811**
Examiner : Jenna Leigh Befumo
Serial No. : 10/070,260
Filed : March 1, 2002
Inventors : Tomotaka Koketsu **Docket No.: 1055-02**
: Isoo Saito
: Tomomichi Fujiyama **Confirmation No.: 2943**
: Taiichi Okada
Title : BASE FABRIC FOR NON-COATED AIR BAGS,
: AND FIBERS FOR AIR BAGS

Dated: March 29, 2004

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated November 12, 2003, Applicants amend the
Application as follows:

In re Application of Tomotaka Koketsu et al.

Serial No.: 10/070,260

Filed: March 1, 2002

For: BASE FABRIC FOR NON-COATED AIR BAGS, AND FIBERS FOR AIR BAGS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 16	-	** 20=	0
INDEP.	* 2	-	** 3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$0 OR \$_____


* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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